

# Barcode size and layout requirements

The barcode should be Normal PDF417 style with no more than 13 columns ( 2 for header, 2 for footer and 9 for data).

## Tax Year 2007 Rhode Island Form RI-1040NR 2D Barcode Layout

Updated 11/29/07

Field ID	RI Form Line Ref	Field Name	Max Size	Type	Edit and Instructions
<b>HEADER SECTION</b>					
1		Code and Header Version	2	AN	value =T1
2		Developer Code	4	N	assigned by NACTP
3		Software/form version	4	N	incremented if items included in barcode are changed, default ="0001"
<b>RI-1040NR INFORMTATION</b>					
4		Tax Year	4	N	2007
5		Form Type	7	AN	RI1040N
6		Primary last name, no suffix	20	AN	
7		Primary First Name	14	AN	
8		Primary MI	1	AN	
9		Primary SSN	9	N	#####
10		Spouse Last Name	20	AN	
11		Spouse First Name	14	AN	
12		Spouse MI	1	AN	
13		Spouse SSN	9	N	#####
14		Address	35	AN	number, street, RR, or PO Box
15		City or Town	21	AN	
16		State	2	AN	
17		Zip + 4	9	AN	left justify
18		Home Phone	10	N	
19		City or Town of Legal Residence	21	AN	
20		Electoral System Contribution <b>YES</b>	1	A	X if box checked, blank if not marked
21		Electoral Party specified	12	A	
22		Single	1	A	X if box checked, blank if not marked
23		Married Joint	1	A	X if box checked, blank if not marked
24		Married Separate	1	A	X if box checked, blank if not marked
25		Head of Household	1	A	X if box checked, blank if not marked
26		Qualifying Widow(er)	1	A	X if box checked, blank if not marked
27		RI Deduction Schedule	1	A	X if box checked, blank if not marked
28	1	Federal Adjusted Gross Income	9	N	
29	2	Modifications	9	N	
30	4	Federal deductions	9	N	
31	6	Federal Exemption amount	9	N	
32	6	number of exemptions	2	N	
33	8	Tax Table	1	A	X if box checked, blank if not marked
34	8	RI Schedule CGW	1	A	X if box checked, blank if not marked
35	8	RI Schedule D	1	A	X if box checked, blank if not marked
36	8	RI Schedule J	1	A	X if box checked, blank if not marked
37	8	RI-8615	1	A	X if box checked, blank if not marked

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38	8A	RI Tax Amount	9	N	
39	8B	Other RI Taxes	9	N	
40	9	RI Alt-Min Tax	9	N	
41	11	Federal Credits Allowable	9	N	
42	12	RI tax after allowable Federal Credits	9	N	
43	15B	Alternative Flat Tax	9	N	
44	15C	Alternative Flat Tax - Check box	1	A	X if box checked, blank if not marked
45	15C	Rhode Island Tax	9	N	
46	14	Other credit form number	4	AN	
47	14	Other Credit Amount	9	N	
48	14	Other credit form number	4	AN	
49	14	Other Credit Amount	9	N	
50	14	Other credit form number	4	AN	
51	14	Other Credit Amount	9	N	
52	14	Other credit form number	4	AN	
53	14	Other Credit Amount	9	N	
54		NULL			
55	17	RI Sales & Use Tax	9	N	
56	13	Allocated Income Tax	9	N	
57	13	All income from RI	1	A	X if box checked, blank if not marked
58	13	Non-Resident with income outside RI	1	A	X if box checked, blank if not marked
59	13	Part Year Resident with income from outside	1	A	X if box checked, blank if not marked
60	16	RI Checkoff Contributions	9	N	
61	18A	RI Income Tax Withheld	9	N	
62	18B	Estimated from 1040ES & carryover	9	N	
63		Extension attached indicator	1	AN	X if box checked, blank if not marked
64		NULL			
65	18C	Non-Resident withholding on real estate	9	N	
66	18D	Nonresident withholding for pass through entities	9	N	
67	18E	RI Earned Income Credit	9	N	
68		NULL			
69	18F	Other Payments	9	N	
70	19	2210 amount	9	N	
71	19	Balance Due	9	N	
72	20	Overpayment	9	N	
73	21	Refund amount	9	N	
74	22	Carry over to 2007	9	N	
		RI Schedule I			
75		Growth Act Modifications	1	AN	X if box checked, blank if not marked
76	23C	Total Increasing modifications	9	N	
77	24C	Total Decreasing modifications	9	N	Should be Negative Number

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<b>RI Schedule II</b>					
78	27	Foreign Tax Credit	9	N	
79	28	Child & Dependent Care Credit	9	N	
80	29	Credit for the Elderly	9	N	
81	30	Mortgage interest credit	9	N	
82	31A	Federal Adoption Credit	9	N	
83	31B	Other Federal Credits	9	N	
<b>RI Schedule EIC / RI Schedule III</b>					
84	36	Federal EIC	9	N	
85		NULL			
86		NULL			
87		NULL			
88		NULL			
89	42	RI Refundable earned income credit	9	N	
<b>RI Schedule IV</b>					
90	1	Drug Program account	9	N	
91	2	Olympic Yes	1	A	X if box checked, blank if not marked
92	3	Organ Transplant	9	N	
93	4	Council on the Arts	9	N	
94	5	Non-Game wildlife	9	N	
95	6	Childhood Disease Victims Fund	9	N	
96	7	Military Family Relief Fund	9	N	
97	signature area	Forms needed next year	1	A	X if box checked, blank if not marked
98	signature area	Division Contact Preparer Yes	1	A	X if box checked, blank if not marked
99	signature area	Preparer SSN, PTIN or EIN	9	AN	left justify, no hyphens
<b>RI Schedule Capital Gain Worksheet</b>					
100	2	amount of capital gains form Federal form 1040	9	N	
101	4	tax on the amount on line 3	9	N	
<b>RI Schedule D</b>					
102	7	Net Short-Term Capital Gain or (Loss)	9	N	
103	15	Combine lines 8 through 14 in column (g)	9	N	
104	16	Net Long-Term Capital Gain or (Loss)	9	N	
105	17	Combine Lines 7 and 16	9	N	
106	18 column (f)	Federal 28% gain	9	N	
107	18 column (g)	Federal 28% gain Qualified 5 yr	9	N	
108	19 column (f)	Federal 1250 gain	9	N	
109	19 column (g)	Federal 1250 gain Qualified 5 yr	9	N	
110	20	Federal Form 4952	9	N	
<b>RI Schedule OT / RI 8615</b>					
111	9	Tax on lump-sum distributions	9	N	
112	10	Form 8814 line 15	9	N	
113	15	Form 8615 line 18 from Federal	9	N	
114	11	Recapture of federal credits	9	N	

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		<b>RI Alternative Minium Tax</b>			
<b>115</b>	1	Form 6251 line 28	9	N	
<b>116</b>	2	Exemption	9	N	
<b>117</b>	5	Alt-Min foreign tax credit (federal 6251 line 32)	9	N	
<b>118</b>	14	RI Alt-Min Tax	9	N	if less then zero, enter zero
<b>119</b>	16	Amt from RI Sch D WORKSHEET line 9	9	N	
<b>120</b>	17	Amt from RI Sch D WORKSHEET line 7	9	N	
<b>121</b>	18	Amt from RI Sch D line 18 column (g)	9	N	
<b>122</b>	20	Amt from RI Sch D WORKSHEET line 4	9	N	
<b>123</b>	25	Amt from RI Sch D WORKSHEET line 16	9	N	
<b>124</b>	55	Smaller of lines 53 or 54	9	N	
		<b>RI Schedule J Averaging</b>			
<b>125</b>	1	Schedule J line 3	9	N	
<b>126</b>	2	RI Tax on RI sch J line 1	9	N	
<b>127</b>	3	Schedule J line 8	9	N	
<b>128</b>	4	Schedule J line 12	9	N	
<b>129</b>	5	Schedule J line 16	9	N	
<b>130</b>	16	Total Tax	9	N	
		<b>RI 1040-H Property Tax Relief</b>			
<b>131</b>		NULL			
<b>132</b>		NULL			
<b>133</b>		NULL			
<b>134</b>		NULL			
<b>135</b>		NULL			
<b>136</b>		NULL			
<b>137</b>		NULL			
<b>138</b>		NULL			
<b>139</b>		NULL			
<b>140</b>		NULL			
<b>141</b>		NULL			
<b>142</b>		NULL			
<b>143</b>		NULL			
<b>144</b>		NULL			
<b>145</b>		NULL			
<b>146</b>		NULL			
<b>147</b>		NULL			
<b>148</b>		NULL			
<b>149</b>		NULL			
<b>150</b>		NULL			
<b>151</b>		NULL			
<b>152</b>		NULL			
<b>153</b>		NULL			
<b>154</b>		NULL			
<b>155</b>		NULL			

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Schedule III, Allocation Worksheet					
156	12	Allocated AGI, RI	9	N	
157	12	Allocated AGI, Federal	9	N	
158	13	Allocation	6	N	percentage -- 4 positions after decimal, leading zero
Schedule V, Part Year Resident Allocation					
159	13	Allocated RI income for part year residents	9	N	
160	14	Allocation	6	N	percentage -- 4 positions after decimal, leading zero
161	18	income taxed in other jurisdiction	9	N	
162	22	name of state paid	2	A	
163	22	amount of tax due and paid to other state	9	N	
164	24	AGI from other state	9	N	
165	27	Maximum Tax Credit	9	N	
RI-6238 Lead Abatement Credit					
166	2	Unit 1 Owner Occupant	1	AN	X if box checked, blank if not marked
167	2	Unit 1 Renter	1	AN	X if box checked, blank if not marked
168	2	Unit 1 Landlord	1	AN	X if box checked, blank if not marked
169	3	Unit 1 Removal	1	AN	X if box checked, blank if not marked
170	3	Unit 1 Reduction	1	AN	X if box checked, blank if not marked
171	4	Unit 1 Cost Incurred	9	N	
172	6	Unit 1 Maximum Credit	9	N	
173	2	Unit 2 Owner Occupant	1	AN	X if box checked, blank if not marked
174	2	Unit 2 Renter	1	AN	X if box checked, blank if not marked
175	2	Unit 2 Landlord	1	AN	X if box checked, blank if not marked
176	3	Unit 2 Removal	1	AN	X if box checked, blank if not marked
177	3	Unit 2 Reduction	1	AN	X if box checked, blank if not marked
178	4	Unit w Cost Incurred	9	N	
179	6	Unit 2 Maximum Credit	9	N	
180	2	Unit 3 Owner Occupant	1	AN	X if box checked, blank if not marked
181	2	Unit 3 Renter	1	AN	X if box checked, blank if not marked
182	2	Unit 3 Landlord	1	AN	X if box checked, blank if not marked
183	3	Unit 3 Removal	1	AN	X if box checked, blank if not marked
184	3	Unit 3 Reduction	1	AN	X if box checked, blank if not marked
185	4	Unit 3 Cost Incurred	9	N	
186	6	Unit 3 Maximum Credit	9	N	
187	7	Total Credit	9	N	
RI Schedule FT RI Alternative Flat Tax					
188	20	RI Flat Tax before other state credit	9	N	
189	29	RI Flat Tax After other state credit	9	N	

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		W-2 information (10 occurrences)			
190	1st W-2	Employer ID	9	N	##### (9)
191	1st W-2	Employer Name	35	AN	Text
192	1st W-2	Employer Address	35	AN	Number/text (separate lines with commas)
193	1st W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
194	1st W-2	Employee SSN (no punctuation)	9	N	##### (9)
195	1st W-2	Employee Name	35	AN	Text
196	1st W-2	Name of state 1 withholding	2	AN	Two letter state code
197	1st W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
198	1st W-2	Name of locality 1 withholding	10	AN	Text
199	1st W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
200	1st W-2	Name of state 2 withholding	2	AN	Two letter state code
201	1st W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
202	1st W-2	Name of locality 2 withholding	10	AN	Text
203	1st W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
204	2nd W-2	Employer ID	9	N	##### (9)
205	2nd W-2	Employer Name	35	AN	Text
206	2nd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
207	2nd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
208	2nd W-2	Employee SSN (no punctuation)	9	N	##### (9)
209	2nd W-2	Employee Name	35	AN	Text
210	2nd W-2	Name of state 1 withholding	2	AN	Two letter state code
211	2nd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
212	2nd W-2	Name of locality 1 withholding	10	AN	Text
213	2nd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
214	2nd W-2	Name of state 2 withholding	2	AN	Two letter state code
215	2nd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
216	2nd W-2	Name of locality 2 withholding	10	AN	Text
217	2nd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
218	3rd W-2	Employer ID	9	N	##### (9)
219	3rd W-2	Employer Name	35	AN	Text
220	3rd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
221	3rd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
222	3rd W-2	Employee SSN (no punctuation)	9	N	##### (9)
223	3rd W-2	Employee Name	35	AN	Text
224	3rd W-2	Name of state 1 withholding	2	AN	Two letter state code
225	3rd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
226	3rd W-2	Name of locality 1 withholding	10	AN	Text
227	3rd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
228	3rd W-2	Name of state 2 withholding	2	AN	Two letter state code
229	3rd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
230	3rd W-2	Name of locality 2 withholding	10	AN	Text
231	3rd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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232	4th W-2	Employer ID	9	N	##### (9)
233	4th W-2	Employer Name	35	AN	Text
234	4th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
235	4th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
236	4th W-2	Employee SSN (no punctuation)	9	N	##### (9)
237	4th W-2	Employee Name	35	AN	Text
238	4th W-2	Name of state 1 withholding	2	AN	Two letter state code
239	4th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
240	4th W-2	Name of locality 1 withholding	10	AN	Text
241	4th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
242	4th W-2	Name of state 2 withholding	2	AN	Two letter state code
243	4th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
244	4th W-2	Name of locality 2 withholding	10	AN	Text
245	4th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
246	5th W-2	Employer ID	9	N	##### (9)
247	5th W-2	Employer Name	35	AN	Text
248	5th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
249	5th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
250	5th W-2	Employee SSN (no punctuation)	9	N	##### (9)
251	5th W-2	Employee Name	35	AN	Text
252	5th W-2	Name of state 1 withholding	2	AN	Two letter state code
253	5th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
254	5th W-2	Name of locality 1 withholding	10	AN	Text
255	5th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
256	5th W-2	Name of state 2 withholding	2	AN	Two letter state code
257	5th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
258	5th W-2	Name of locality 2 withholding	10	AN	Text
259	5th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
260	6th W-2	Employer ID	9	N	##### (9)
261	6th W-2	Employer Name	35	AN	Text
262	6th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
263	6th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
264	6th W-2	Employee SSN (no punctuation)	9	N	##### (9)
265	6th W-2	Employee Name	35	AN	Text
266	6th W-2	Name of state 1 withholding	2	AN	Two letter state code
267	6th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
268	6th W-2	Name of locality 1 withholding	10	AN	Text
269	6th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
270	6th W-2	Name of state 2 withholding	2	AN	Two letter state code
271	6th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
272	6th W-2	Name of locality 2 withholding	10	AN	Text
273	6th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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274	7th W-2	Employer ID	9	N	##### (9)
275	7th W-2	Employer Name	35	AN	Text
276	7th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
277	7th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
278	7th W-2	Employee SSN (no punctuation)	9	N	##### (9)
279	7th W-2	Employee Name	35	AN	Text
280	7th W-2	Name of state 1 withholding	2	AN	Two letter state code
281	7th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
282	7th W-2	Name of locality 1 withholding	10	AN	Text
283	7th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
284	7th W-2	Name of state 2 withholding	2	AN	Two letter state code
285	7th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
286	7th W-2	Name of locality 2 withholding	10	AN	Text
287	7th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
288	8th W-2	Employer ID	9	N	##### (9)
289	8th W-2	Employer Name	35	AN	Text
290	8th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
291	8th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
292	8th W-2	Employee SSN (no punctuation)	9	N	##### (9)
293	8th W-2	Employee Name	35	AN	Text
294	8th W-2	Name of state 1 withholding	2	AN	Two letter state code
295	8th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
296	8th W-2	Name of locality 1 withholding	10	AN	Text
297	8th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
298	8th W-2	Name of state 2 withholding	2	AN	Two letter state code
299	8th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
300	8th W-2	Name of locality 2 withholding	10	AN	Text
301	8th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
302	9th W-2	Employer ID	9	N	##### (9)
303	9th W-2	Employer Name	35	AN	Text
304	9th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
305	9th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
306	9th W-2	Employee SSN (no punctuation)	9	N	##### (9)
307	9th W-2	Employee Name	35	AN	Text
308	9th W-2	Name of state 1 withholding	2	AN	Two letter state code
309	9th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
310	9th W-2	Name of locality 1 withholding	10	AN	Text
311	9th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
312	9th W-2	Name of state 2 withholding	2	AN	Two letter state code
313	9th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
314	9th W-2	Name of locality 2 withholding	10	AN	Text
315	9th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal



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316	10th W-2	Employer ID	9	N	##### (9)
317	10th W-2	Employer Name	35	AN	Text
318	10th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
319	10th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
320	10th W-2	Employee SSN (no punctuation)	9	N	##### (9)
321	10th W-2	Employee Name	35	AN	Text
322	10th W-2	Name of state 1 withholding	2	AN	Two letter state code
323	10th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
324	10th W-2	Name of locality 1 withholding	10	AN	Text
325	10th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
326	10th W-2	Name of state 2 withholding	2	AN	Two letter state code
327	10th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
328	10th W-2	Name of locality 2 withholding	10	AN	Text
329	10th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
330	Trailer		5	AN	value = "**EOD**"